

**COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY**  
 (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**VARIANTS OF THE MAJOR ALLERGEN PHL P I FROM TIMOTHY GRASS**

the specification of which (check only one item below):

- is attached hereto.
- was filed as United States application

Serial No. \_\_\_\_\_

on \_\_\_\_\_

and was amended

on \_\_\_\_\_ (if applicable).

- was filed as PCT international application

Number PCT/EP2003/008471

on 31.07.2003,

and was amended under PCT Article 19

on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim priority benefits under Title 35, United States Code, § 119 or 365 (b) of the following United States provisional application(s) and of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

**PRIOR U.S. PROVISIONAL AND FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
German	02018157.4	19.08.2002	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint I. William Millen (19,544); John L. White (17,746); Anthony J. Zelano (27,969); Alan E.J. Branigan (20,565); John R. Moses (24,983); Harry B. Shubin (32,004); Brion P. Heaney (32,542); Richard J. Traverso (30,595); John A. Sopp (33,103); Richard M. Lebovitz (37,067); James E. Ruland (37,432); Nancy Axelrod (44,014); Jennifer J. Branigan (40,921); Robert E. McCarthy, (46,044); Jonathan G. Brown (47,451); and Csaba Henter (50,908) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: Customer No. 23599

Telephone No.  
703/243-6333

Direct Telephone Calls to:



23599

PATENT TRADEMARK OFFICE

**Combined Declaration for Patent Application and Power of Attorney (Continued)**

ATTORNEY'S DOCKET NUMBER

2 0 1	FULL NAME OF INVENTOR <u>Suck</u>	FAMILY NAME <u>Suck</u>	FIRST GIVEN NAME <u>Roland</u>	SECOND GIVEN NAME
2 0 1	RESIDENCE & CITIZENSHIP <u>CITY Hamburg</u>	STATE OR FOREIGN COUNTRY <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>German</u>	
2 0 1	POST OFFICE ADDRESS <u>STREET Gellertstr. 15</u>	CITY <u>Hamburg</u>	STATE & ZIP CODE/COUNTRY <u>Germany, 22301</u>	
2 0 2	FULL NAME OF INVENTOR <u>Fiebig</u>	FAMILY NAME <u>Fiebig</u>	FIRST GIVEN NAME <u>Helmut</u>	SECOND GIVEN NAME
2 0 2	RESIDENCE & CITIZENSHIP <u>CITY Schwarzenbek</u>	STATE OR FOREIGN COUNTRY <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>German</u>	
2 0 2	POST OFFICE ADDRESS <u>STREET Bäckerweg 10</u>	CITY <u>Schwarzenbek</u>	STATE & ZIP CODE/COUNTRY <u>Germany, 21493</u>	
2 0 3	FULL NAME OF INVENTOR <u>Cromwell</u>	FAMILY NAME <u>Cromwell</u>	FIRST GIVEN NAME <u>Oliver</u>	SECOND GIVEN NAME
2 0 3	RESIDENCE & CITIZENSHIP <u>CITY Schmilau</u>	STATE OR FOREIGN COUNTRY <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>German</u>	
2 0 3	POST OFFICE ADDRESS <u>STREET Bei der Kirche 6</u>	CITY <u>Schmilau</u>	STATE & ZIP CODE/COUNTRY <u>Germany, 23911</u>	
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2 0 4	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
2 0 4	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2 0 5	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
2 0 5	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2 0 6	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
2 0 6	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
2 0 7	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2 0 7	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
2 0 7	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY

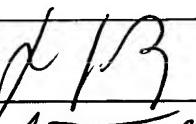
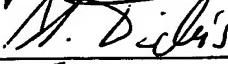
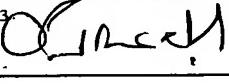
**Combined Declaration for Patent Application and Power of Attorney (Continued)**

(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

2 0 8	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
2 0 9	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
2 1 0	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
2 1 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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2 1 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	DATE	SIGNATURE OF INVENTOR 207	DATE
	05.01.05		
SIGNATURE OF INVENTOR 202	DATE	SIGNATURE OF INVENTOR 208	DATE
	05.01.05		
SIGNATURE OF INVENTOR 203	DATE	SIGNATURE OF INVENTOR 209	DATE
	05.01.05		
SIGNATURE OF INVENTOR 204	DATE	SIGNATURE OF INVENTOR 210	DATE
SIGNATURE OF INVENTOR 205	DATE	SIGNATURE OF INVENTOR 211	DATE
SIGNATURE OF INVENTOR 206	DATE	SIGNATURE OF INVENTOR 212	DATE